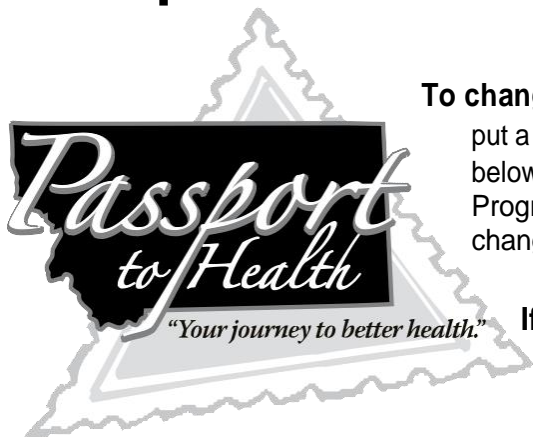


# Passport to Health • Member's Provider Change/Enrollment Form

Questions?  
Call the Help Line:  
1-800-362-8312



**To change a Passport provider:** Fill out this form and put a check (✓) next to the reason for changing (see below) or you can call the Montana Health Care Programs Member Help Line at 1-800-362-8312 to change.

**If you are enrolling with a Passport provider:** Call the Help Line at 1-800-362-8312 or you may fill out this form and mail it.

## To complete this form:

1. Write the name, Medicaid /HMK *Plus* ID number, and date of birth for each member you are enrolling. Look at your Medicaid/HMK *Plus* card to find each member's number. Choose a Passport provider for each member.
2. Write your name, address, and telephone number or message telephone number.

**Mail the form to:**  
Passport to Health  
PO Box 254  
Helena MT 59624-9910  
Or fax to 406-442-2328

Name of Member(s) Changing Provider	Medicaid /HMK <i>Plus</i> ID Number(s)	Date(s) of Birth	Passport Provider (choose one for each member)
1.			
2.			
3.			
4.			
5.			
6.			

Relationship to Member Changing Provider is (check all that apply): ☐ 1. Myself ☐ 2. Member's Parent ☐ 3. Member's Guardian ☐ 4. Medical Power of Attorney

Name	Street Address	City and Zip Code	Telephone or Message Number
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## Reason for Change of Provider

- |   |  |
|---|--|
| <input type="checkbox"/> 1. My current provider is too far away.          | <input type="checkbox"/> 6. Provider retired/moved/left practice.  |
| <input type="checkbox"/> 2. I moved to a new town/new part of town.       | <input type="checkbox"/> 7. Personality conflict between the provider and me.                                |
| <input type="checkbox"/> 3. I want a provider with a different specialty. | <input type="checkbox"/> 8. I prefer a different provider.   |
| <input type="checkbox"/> 4. I want my family to go to the same provider.  | <input type="checkbox"/> 9. Medicaid/HMK <i>Plus</i> assigned me to a provider; I want a different provider. |
| <input type="checkbox"/> 5. Inconvenient appointment times.               | <input type="checkbox"/> 10. My provider asked me to choose someone else.                                    |
|   | <input type="checkbox"/> 11. Other (explain) _____   |

\* For reasons 12–15, please call the Help Line if you would like to make a complaint.

- |  |
|--|
| <input type="checkbox"/> 12. I had to wait too long for appointments.* |
| <input type="checkbox"/> 13. Provider did not explain things clearly.* |
| <input type="checkbox"/> 14. Provider and/or staff were rude.*         |
| <input type="checkbox"/> 15. I feel I am not getting good medical care |

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If you call the Help Line at 1-800-362-8312 to change or enroll, you do not have to fill out this form. Open 8 a.m. to 5 p.m.